

Note: Please print it on Letterhead of Institute

MANDATE FORM/ AGGREEMENT

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAILS OF ACCOUNT HOLDER:

Name of Account (Designation/Institution name)	
Institute AISHE Code	
Type of Institute (Technical /Non-Technical)	
Complete Contact Address	
Telephone / Email	Mob: Email:

B. BANK ACCOUNT DETAILS

Bank name	
Branch name with complete Address	
Whether branch is computerized	
What is the branch's <u>RTGS CODE</u> <u>IFSC CODE</u>	
If this branch NEFT enable	
Type of Bank Account	
Complete bank Account no.	
MICR Code of Bank	
PAN Card Number	
TIN/TAN Number	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a particular under the Scheme. The Utilization Certificate for the funds received shall be submitted as when required.

Seal/Signature of UBA Coordinator of SEG

Certified that the particulars furnished above are correct as per records.

Seal/Signature of Authorized Person of Institute